



9020 Overlook Boulevard Suite 202 Brentwood, TN 37027  
 Phone: (800) 251-8040 www.tisnashville.com

### Supplemental Application

Agency: \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Contact: \_\_\_\_\_ Quote Needed by Date: \_\_\_\_\_

#### GENERAL INFORMATION

Insured Name: \_\_\_\_\_

Insurance/Safety Director: \_\_\_\_\_

DOT # \_\_\_\_\_

MC # \_\_\_\_\_

#### OWNERSHIP INFO

Name	Position/Title	# of Years	% Ownership

#### POLICY INFORMATION

Description of Operations:	
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Plant/Warehouse Locations			
Common Destination Cities/States			
Areas:	<input type="checkbox"/> East Coast	<input type="checkbox"/> Southeast	<input type="checkbox"/> Northeast
	<input type="checkbox"/> Southwest	<input type="checkbox"/> Midwest	<input type="checkbox"/> West Coast
	<input type="checkbox"/> Northwest		
Average Trip Miles		Maximum Trip Miles	
Commodities Hauled			
Any Hazardous, High Value, Overweight?		If yes, Describe	

#### DRIVERS

Total # Drivers \_\_\_\_\_ # Clear MVRs \_\_\_\_\_ # > age 65 \_\_\_\_\_ # < age 25 \_\_\_\_\_

Minimum Experience Required \_\_\_\_\_ Minimum Age of Drivers \_\_\_\_\_

#### ADDITIONAL UNDERWRITING QUESTIONS

Have you ever operated under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Do you have any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship?	
Is there a Safety/Loss Prevention Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Safety Meetings Held?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?	
Is there a Safety Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Vehicles Inspected by Drivers Pre and Post Route?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Maintenance Program in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Supplemental Application cont.**

Vehicles Maintained and Repaired By?	<input type="checkbox"/> On Site Mechanic <input type="checkbox"/> Outside Mechanic		
How many vehicles stored at same location at one time?			
Do you have documented procedures for Acceptable and Unacceptable MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Is there a procedure by the Motor Carrier for MVRs to be obtained for Owner/Operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Motor Carrier verify the licensing class of the Owner/Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**NON TRUCKING LIABILITY**

NTL Limit: \_\_\_\_\_ Total # NTL Units: \_\_\_\_\_  
 Expiring Rate \_\_\_\_\_ Target Rate \_\_\_\_\_

**Non-Trucking History 3 to 5 years**

Year	# Units	Rate

**PHYSICAL DAMAGE**

Deductible \_\_\_\_\_ Total Insured Values \_\_\_\_\_ # Units \_\_\_\_\_  
 Coverages     Collision     Specified Perils     Comprehensive  
 Expiring Rate \_\_\_\_\_ Target Rate \_\_\_\_\_

**Physical Damage Value History 3 to 5 years**

Year	TIV	# Power Units

**Please attach with each application:**

- **3 - 5 year loss runs**
- **Driver's List**
- **MVR's**
- **Motor Carrier's Driver Guidelines including procedure for acceptable & unacceptable drivers**
- **Current lease agreement**
- **Equipment schedule with year/make/model/vin/leinholder (State of registration for NTL)**

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date